

ISSUE SLIP STAPLE AREA (for additional cross references)

O.C.  
11/21  
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	7091	9/26
O.I.P.E. CLASSIFIER	RSD		10/1/00
FORMALTY REVIEW	SK	71809	11-17-00
RESPONSE F RMAUTY REVIEW	SK	809	4-6-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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